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APPLICANTS

Geoffrey Flagstad, Barrington, IL;

** CONTINUING DATA ***** *M*** FOREIGN APPLICATIONS ***** *A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>M</i>	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>M</i>	Examiner's Signature <i>M</i>	Initials <i>A</i>			

ADDRESS

23446
 MCANDREWS HELD & MALLOY, LTD
 500 WEST MADISON STREET
 SUITE 3400
 CHICAGO , IL
 60661

TITLE

Medical record cards and storage systems

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